

CompCare

Medical Scheme

Discretionary
Savings Plan

From only _____

R3 652 Per Month



UnisaSave option

i 2024 Information and
Benefit Guide

**we
care
more.**

Administered by



Universal™

CompCare Medical Scheme is administered by Universal Healthcare Administrators (Pty) Ltd.

compcare.co.za



we care more.

CompCare is a distinguished name among South Africa's leading medical schemes. We have a robust legacy of over 45 years, built on the ethos of caring more.

We offer a diverse range of plans and speciality benefits. These align with the lifestyles, needs, and budgets of our members and their employees. Plus, our efficiency discounted options enable our members to save up to 25% on their contributions. They simply need to buy chronic medication from Dis-Chem and use Netcare hospitals for elective procedures.

For us, caring more means a personalised, high-quality service experience with a focus on holistic wellness. This is the cornerstone of our Speciality Healthcare Bundles.

Our Speciality Healthcare Bundles



CompCare Kids*

CompCare takes special care of the little ones with our unique range of speciality health benefits. These are all paid from risk and will not deplete your day-to-day benefits.

- A newborn hearing screening benefit.
- A newborn congenital hypothyroidism test.
- Baby wellness visits.
- Childhood immunisations.
- School readiness assessments.
- **Pre-school eye and hearing screening and dental screening.**
- One additional emergency room visit limited to **R1 550 per event** for children younger than 6 years.
- Three additional **paediatric consultations.**
- **Access to Paed IQ, a telephonic advisory service that's available 24/7 for any health-related child-care issues.**
- **Unlimited GP consultations and basic dentistry** for children younger than 6 years.
- **Initial occupational therapy** consultation.
- **Kid's fitness assessment and exercise prescription** programme.
- **Kid's nutritional assessment and healthy eating** programme.

*Scheme Protocols Apply

CompCare
Women*

At CompCare, we're dedicated to the holistic health and wellness of women. Whether navigating the challenges of a professional career or managing the demands of a growing family, our range of benefits caters to their diverse needs.



Maternity Benefits:

- **Antenatal classes:** Subject to PMSA. Limited to 12 antenatal classes and **R990** per pregnancy, including a lactation consultation with a midwife.
- **Antenatal visits:** Paid from risk. Limited to 12 antenatal visits with a GP, midwife or specialist.
- **Maternity bag** issued when registered on the maternity programme.
- **Confinements:** Paid from risk. Includes 2 x 2D ultrasound pregnancy scans. Members can opt for a 3D scan which will be paid at the rate of a 2D scan.
- **One breast pump** per pregnancy limited to **R3 150**, subject to available PMSA.
- **One additional nutritional and fitness assessment** per pregnancy (refer to the Active LifeStyle Programmes) – paid from risk

Additional Benefits:

- **Access to all Preventative Care benefits:** Paid from risk, refer to Preventative Care Bundle.
- **Access to all Active Lifestyle Programmes:** Paid from risk, refer to Active Lifestyle Programmes Bundle.
- **Access to all Emotional Wellness benefits:** Refer to Emotional Wellness Bundle.
- **Contraceptives** limited to **R3 360 PB** for oral contraceptives (RP applies) or IUD device, for female beneficiaries up to 55 years – paid from risk. (RP applies).
- **HPV (Cervical Cancer) vaccine:** Paid from risk. One course (3 doses per registered schedule) per female beneficiary between ages 12 and 18 years.
- **Pap smear:** One per female beneficiary over the age of 18 per annum – paid from risk.
- **Mammogram:** One per female beneficiary over the age of 35 every second year – paid from risk.



CompCare
Men*

We're tuned into the varied health and wellness needs of men. From young professionals leading dynamic active lives, to family men and seasoned executives, our speciality benefits enhance well-being at every relevant touchpoint.

- **Prostate-specific antigen (PSA) blood test:** Paid from risk, one test per male beneficiary over the age of 40 per annum.
- **Access to all Preventative Care benefits:** Paid from risk, refer to Preventative Care Bundle.
- **Access to all Active Lifestyle Programmes:** Paid from risk, refer to Active Lifestyle Programmes Bundle.
- **Access to all Emotional Wellness benefits:** Refer to Emotional Wellness Bundle.



CompCare
Emotional Wellness*

We recognise the profound impact of emotional well-being on overall health and ensure that our members receive comprehensive support and access to emotional wellness benefits.

- **Psychiatric treatment in hospital:** Subject to pre-authorisation and protocols – paid from risk.
- **Psychology: non-psychiatric admissions:** Limited to **R2 100 PMF** – paid from risk.
- **Alcoholism, drug dependence and narcotics:** Unlimited for Prescribed Minimum Benefits. Subject to pre-authorisation and PMB protocols.
- **Psychiatry:** Subject to PMSA.
- **Clinical psychologists:** Subject to PMSA.
- **Psychosocial counselling benefit:** Paid from Risk. Unlimited telephonic counselling sessions through the Universal Wellness Care Centre, with an option for referral to 3 face-to-face sessions with qualified psychologists, social workers or registered counsellors.

Our Speciality Healthcare Bundles



CompCare
Preventative Care Benefits*

Prioritising the power of prevention over cure, we offer our members an extensive range of preventative care benefits that promote a proactive approach to maintaining good health, all paid from risk.

- **GP wellness consultation:** One per beneficiary per year, excludes procedures. Benefit for tariff codes 0190/1/2 and diagnosis codes (ICD10) Z00.0 or Z00.1.
- **Health check:** Blood pressure, blood sugar, cholesterol, BMI and waist circumference – One measurement per beneficiary over the age of 18 years, limited to **R275 per event**. At a DSP pharmacy.
- **Rapid HIV tests.**
- **Flu vaccine:** One per beneficiary.
- **Tetanus vaccine:** One vaccination when required.
- **Glaucoma test:** One per beneficiary.
- **Colorectal cancer screening:** One bowel cancer screening test every two years for beneficiaries between the ages of 45 and 75.
- **Lipogram:** One fasting lipogram per beneficiary over the age of 20 years. Once every 5 years.

Our Speciality Healthcare Bundles



CompCare Travel Cover*

Travel is about creating memories, not worries. We've developed benefits (paid from risk) that let you focus on your adventure, knowing we've got you covered for the unexpected.

- **Preventative malaria medication** when required.
- **Travel vaccinations** up to a limit of **R600 PB** when required for Yellow Fever, Typhoid Fever, Hepatitis A, Rabies and Meningococcal disease.
- **International Travel cover** for emergency medical costs of up to R5 million per person below the age of 81, on each journey while travelling outside of South Africa. This cover is for a period of 90 days from departure from South Africa. Pre-existing conditions are excluded (via Universal 360°).



CompCare Professional and Adventure Sports Cover*

For those who enjoy pushing life's boundaries with adventure and professional sports, we've designed a set of benefits to ensure you're covered against unexpected injuries.

- **Specified sports supplements:** Subject to PMSA and the over-the-counter medicine (OTC) benefit limit (provided there is a valid NAPPI code).
- **Wearable fitness and health monitoring devices:** Subject to PMSA and **R3 570** (provided there is a valid NAPPI code).
- **Emergency search and rescue:** Paid from risk.
- **Access to all Active Lifestyle Programmes:** Paid from risk.
- **Cover for injuries resulting from professional and adventure sports.**



CompCare Active Lifestyle Programmes*

We help our members reach their fitness and well-being goals with our exercise prescription, nutritional assessment, and healthy eating plan benefits. CompCare supports your commitment to a healthy lifestyle by paying for these benefits from risk.

- **Fitness assessment and exercise prescription:** Access to the Universal Network of biokineticists for an annual fitness assessment, virtual consultations, exercise prescription and regular monitoring.
- **Nutritional assessment and healthy eating plan:** Access to the Universal Network of dietitians for an annual assessment, virtual consultations, healthy eating plan prescription, and regular monitoring.



Understanding your Option

You're young at heart and big on life, so you know what you want: the freedom of flexibility and cover you can count on!

Let's face it, medical jargon and terminology can make your benefits feel about as easy to understand as nuclear science! Getting to grips with some key terms and concepts will help shed some light on the subjects that can get confusing.

Let's get started on explaining some of the basics of your cover: You pay your contribution and based on that, we pay your claims. Claims are incurred when you visit a doctor/ dentist/ optometrist/specialist or any other registered healthcare provider or if you are hospitalised.

Claims are divided into two categories, namely routine or day-to-day, out-of-hospital claims and in-hospital (otherwise known as major medical risk) expenses. Your day- to-day claims are paid from your annual savings, also referred to as your Personal Medical Savings Account (PMSA), and in-hospital claims are paid from the Scheme's risk pool. Hospital expenses are unlimited, but sub-limits may apply to certain specified services.

You have a set amount of savings per year that you can use for day-to-day claims. If you don't use all your savings in one year, the balance will carry forward to the following year and remain available to you. If you have used all your savings before the end of the year, you will need to pay subsequent day-to-day claims from out of your pocket.

***Scheme Protocols Apply**



1. Hospital Benefits*

Benefits are unlimited and paid at 100% of the Scheme rate unless otherwise specified. Overall Annual Limit (OAL) unlimited. Pre-authorisation required and Scheme protocols apply,

Hospitalisation

Specified elective procedures may have a co- payment (excluding PMBs). Please refer to our website (compcare.co.za) for a list of co- payments and exclusions.

Hospital Related Accounts

GP visits, specialists, radiology, surgical procedures and blood transfusions.

Specialists paid at 100% of the Scheme rate.

Medicine in Hospital

Medicine Upon Discharge (TT0)

7 days' supply.

Organ Transplants

Unlimited for Prescribed Minimum Benefits. Subject to pre-authorisation and PMB protocols.

Pathology

100% of AT.

Basic Radiology

100% of AT.

Surgical Prosthesis

Overall limit of **R36 750 PMF**.

Sub-limits apply.

Contact our pre-authorisation department to find out about our special arrangements for hip and knee replacements.

Auxiliary Services in Hospital

Physiotherapy, biokinetics, dietitian, etc. Limited to **R3 500 PMF**. Subject to a separate pre- authorisation and clinical protocols. To be recommended by the treating medical practitioner.

A **separate** pre-authorisation is required for in-hospital auxiliary services.

Email casemanagement@universal.co.za for pre- authorisation.

Specialised Radiology

MRI, CT, High resolution CT and PET scans. Limited to **R30 000**. The first **R1 000** is paid from available savings, except for PMBs.

Pre-authorisation required for all MRI and CT Scans. High Resolution CT Scans/PET Scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans, except for PMBs. No benefit for screening purposes.

Surgical Procedures Out-of-hospital

100% of AT. Unlimited.

For auxiliary services in hospital (i.e. physiotherapy, dietician, etc.) a separate pre-authorisation is required. The claim will not be paid under the hospital pre-authorisation number.

"100% of the Scheme Rate"

SCHEME RATE refers to the maximum amounts that a medical Scheme will pay for specific treatments and procedures.

100% OF SCHEME RATE means the Scheme will pay 100% of what is specified in the Scheme rules.

Please note that some providers might charge more than what the Scheme will pay for, and the member is liable for that shortfall.

Surgical Procedures (Non-PMB)

The following procedural co-payments are payable on specified elective procedures (excluding PMBs):

Functional Endoscopic Sinus Surgery (FESS)	R5 350
Functional nasal surgery and septoplasty	R10 000
Hysteroscopy	R5 350
Flexible sigmoidoscopy	R5 350
Arthroscopy	R10 000
Minor gynaecological laparoscopic procedure	R5 350
Dental	R5 350
Excision lesion - benign and malignant	R5 350
Protoscopy	R5 350
Nissen fundoplication - reflux surgery	R25 500
Hysterectomy	R18 800
Laparoscopic hemi colectomy	R6 500
Laparoscopic inguinal hernia repair	R6 500
Laparoscopic appendectomy	R6 500
Adenoidectomy, myringotomy - grommets, tonsillectomy	R4 100
Laparoscopy, hysteroscopy, endometrial ablation	R10 000
Gastroscopy	R5 350
Joint replacements - arthroplasty	R 27 480
Conservative back and neck treatment (spinal cord injections)	R18 500
Laminectomy and spinal fusion	R 41 750
Colonoscopy	R5 350
Cystoscopy	R5 350

Co-payments:

All Prescribed Minimum Benefits are covered in full, without any co-payment required.

In instances where a co-payment is not specified and the procedure is not a Prescribed Minimum Benefit, the procedure may be funded from the PMSA.

Contact **0860 111 090**, email preauthorisation@universal.co.za or download the **Universal.one App** for CompCare members for pre-authorisation.

For hospital account queries, email: hospitalaccounts@universal.co.za

Hospital Pre-Authorisation Process

It's the member's responsibility to make sure that all non-emergency hospital admissions are authorised by either requesting pre-authorisation via the MobiApp, phoning **0860 111 090** or by sending an email to preauthorisation@universal.co.za. These must be authorised at least 48 hours prior to admission.

The hospital utilisation management team will need the following details: name of the patient being admitted, medical aid number, hospital name, date of admission, name and practice number of admitting practitioner, ICD 10 and procedural codes. A penalty will apply for late requests for authorisations.

Emergency admissions must be authorised on the first working day after admission. A penalty will apply should the member not obtain authorisation. This also applies to oncology treatment.

*Scheme Protocols Apply



2. Day-to-Day Benefits*

These Benefits are Subject to Your Savings (PMSA)

Benefits are paid at 100% of the Scheme rate unless otherwise specified.

Consultations, Procedures and Materials

GPs and Specialists.

Paid from PMSA.

A referral from a GP is required before seeking treatment from a specialist except for services provided by an ophthalmologist, gynaecologist, dermatologist, oncologist or urologist (for beneficiaries over the age of 40) and a paediatrician in respect of children under the age of 2 years, or where multiple visits to a specialist have been authorised.

Non-referral will attract a 30% co-payment. Please remember to obtain pre-authorisation for any procedures.

Medicines

Subject to PMSA

Acute medication

Prescription medication - Schedule 3 and higher.

Over the counter medication (OTC) Including homeopathic medication and sports supplements with a NAPPI code.

Surgical and Medical Appliances

Paid from PMSA

Wheelchairs, crutches, glucometers, hearing aids, artificial eyes and external fixators.

Pre-authorisation required and sub-limits apply.

Auxiliary Services

Paid from PMSA.

Audiologists, chiropractors, dietitians, homeopaths (consultations), naturopaths (consultations), speech and occupational therapists, chiropody, podiatry, social workers, physiotherapy and biokinetics.

Optometry

Paid from PMSA.

100% of SAOA rate (Subject to PMSA).

Eye test

1 Visit PB.

Lenses and contact lenses

100% of SAOA rate (Subject to PMSA).

Frames

100% of SAOA rate (Subject to PMSA).

Radial Keratotomy and Excimer laser

Paid from PMSA.

Pathology

100% of AT. Subject and limited to available PMSA.

Radiology

Paid from PMSA. Basic radiology

Including black and white X-rays and ultrasound.

Specialised radiology

MRI, CT, High resolution CT and PET scans.

The first **R1 000** is paid from available savings, except for PMBs. Limited to **R30 000** per year in and out of hospital, unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans or PET

scans subject to special medical motivation and pre-authorisation.

No benefit for unauthorised scans. No benefit for screening purposes.

Contact 0860 111 090 or email
preauthorisation@universal.co.za

Dentistry

Paid from PMSA.

Basic dentistry.

Conservative and restorative.

Unlimited conservative dentistry per child younger than 6 years once PMSA is depleted.

Specialised dentistry

Dentures, crowns, bridgework, metal fillings and inlays.

Subject to protocols.

A quotation must be submitted for approval prior to the commencement of treatment.

No benefit for orthodontic treatment for patients older than 18 years.

Email address for dental authorisation
dental@universal.co.za

REMEMBER!

- 1 Always obtain pre-authorisation
- 2 Sign any documentation you submit
- 3 Take note of the appropriate contact details

Specialist Pre-authorisation email
specauth@universal.co.za

General hospital Pre-authorisation email:
preauthorisation@universal.co.za

Specialist Referral Process

A referral from a GP is required before seeking treatment from a specialist, failing which said specialist consultation will attract a 30% co-payment on the visit as well as related services. Members are required to notify the Scheme of a specialist visit prior to booking the consultation by requesting a "Spec Auth". This can be done by contacting the Call Centre or by sending an email to **specauth@universal.co.za**.

The following information is required:

- Referral letter from the member's GP on the practice letterhead.
- Member medical aid number.
- Name of dependent.
- Member's correct contact numbers.
- Intended date of specialist consultation.
- Specialist's name, practice number and contact details.

Should a specialist refer the member to another specialist, the referral letter from the specialist referring to the other specialist needs to be provided (the visit to the first specialist should have been authorised). The member is not required to go back to their GP for another referral letter in this instance.

A GP referral is not required in the following instances:

- For one gynaecologist visit per female, over the age of 16, per year.
- For one urologist visit per male, over the age of 40, per year.
- Paediatrician consultations for children under the age of 2.
- Specialist visits during pregnancy.
- Oncologist's consultations, as this will be approved as part of an oncology Management Programme.
- Optical and dental specialist consultation (ophthalmologists and orthodontists).
- Visits to a dermatologist. Remember to obtain pre-authorisation for any procedures.
- Where multiple specialist visits have been authorised.

*Scheme Protocols Apply

3. Chronic Medication Benefits*

Chronic Medication*

27 Chronic conditions (Chronic Disease List – CDL) are covered.

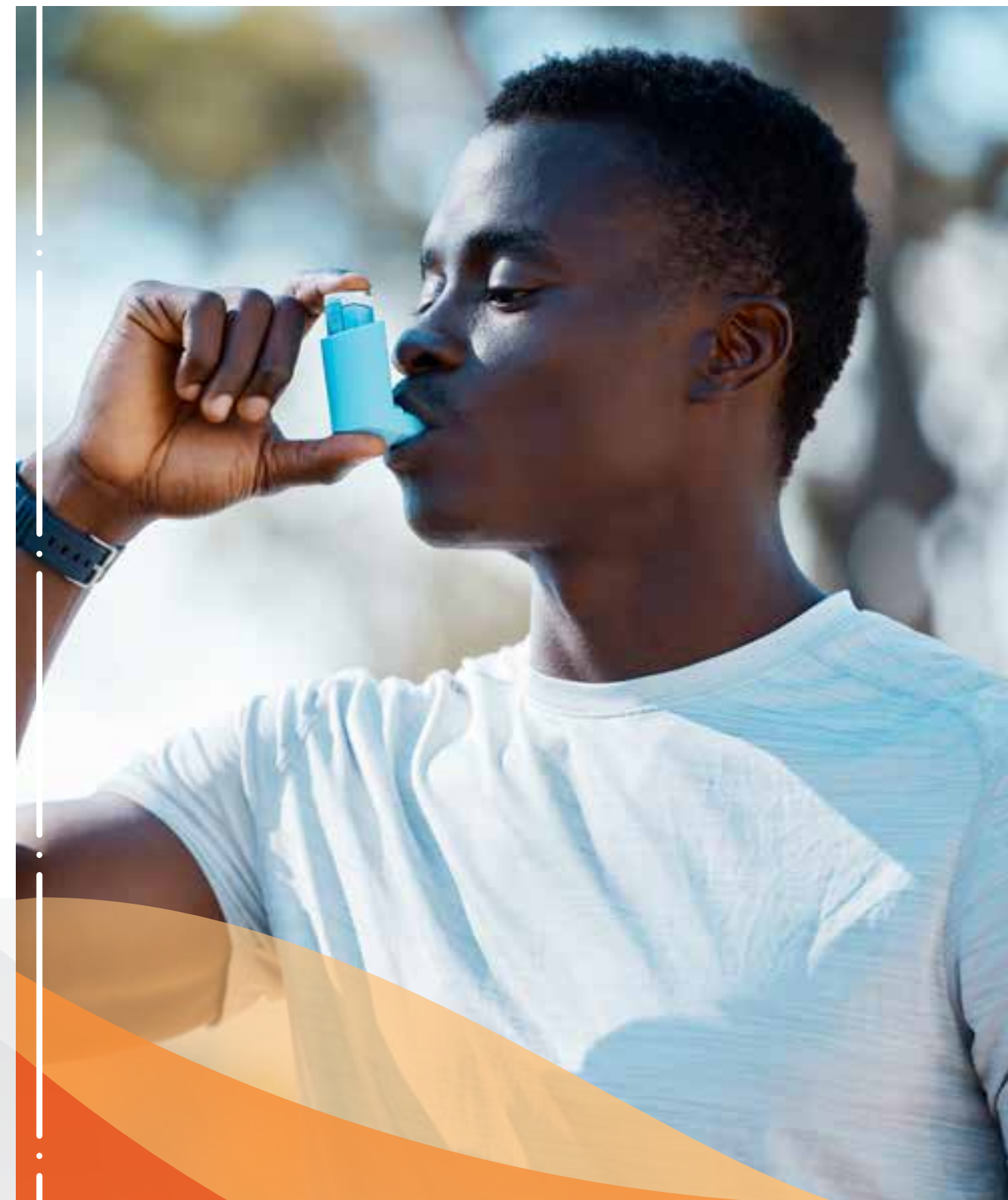
Once you have registered there is an unlimited benefit with no co-payments or levy if the medicine is listed on the Scheme's formulary and the price of the medicine is equal to or less than the reference price of the product. A 25% co-payment will apply if medicine is not on the formulary.

Chronic Condition and Medicine Registration Process

In order to receive the chronic medication benefit, members must register their chronic medicine prescriptions with Universal Healthcare – administrator of the Scheme. To register your chronic medicine prescription with Universal, either you, your doctor or your pharmacist will be required to contact Universal telephonically on **0861 222 777** or send an email to **chronicmedicine@universal.co.za**. The completion of chronic medication application forms are no longer required.

27 Conditions Covered:

Addison's disease*
Asthma*
Bipolar mood disorder*
Bronchiectasis*
Cardiac arrhythmias*
Cardiomyopathy*
Chronic renal failure*
Congestive cardiac failure*
Chronic obstructive pulmonary disease*
Coronary artery disease*
Crohn's disease*
Diabetes insipidus*
Diabetes mellitus type 1 and 2*
Emphysema*
Epilepsy*
Glaucoma*
Haemophilia*
HIV/AIDS*
Hypercholesterolemia/hyperlipidaemia*
Hypertension*
Hypothyroidism*
Multiple sclerosis*
Parkinson's disease*
Rheumatoid arthritis*
Schizophrenia*
Systemic lupus erythematosus*
Ulcerative colitis*





Emergency Care

What to do in the event of an emergency: Call the emergency medical services provider, **Netcare 911** on **082 911**.

Please note: To avoid a 25% co-payment, authorisation needs to be obtained at the time of the emergency, or within 24 hours thereafter.

Emergency Medical Transport Services:
Netcare 911 - 082 911

4. PMBs and Other Benefits Paid from Risk*

**Benefits Paid by the Scheme
(Unless Otherwise Indicated)**

Prescribed Minimum Benefits (PMBs)*

All PMBs are defined in the Medical Schemes Act No 131 of 1998.

Organ transplants, renal dialysis and plasmapheresis are unlimited for PMBs subject to pre-authorisation and PMB protocols.

COVID-19 Benefits

Members who have tested positive for COVID-19 will have access to the following benefits in addition to the prescribed minimum benefits:

- Pulse Oximeter (**R850 PMF**)
- Nebulizer (**R550 PMF**)
- Thermal Thermometer (**R450 PMF**)

Pre-authorisation and managed care protocols apply.

Please See Emergency Events Below*:

- Emergency roadside assistance and ambulance transportation through Netcare 911.
- **Hospital emergency room/casualty emergency** visits resulting in a hospital admission will be paid from the in-hospital benefit.
- **Hospital emergency room/casualty emergency** visits as a result of physical injury caused by an external force will be paid in full.
- **Hospital emergency room/casualty emergency** visits not requiring admission will be paid from your **PMSA**.
- **Emergency search and rescue.**
- **Child emergency benefit:** Once PMSA is depleted, members have access to one additional visit and an emergency room per child younger than 6 years. Limited to **R1 550** per event.

Oncology and Speciality Care*

- Unlimited **oncology** including chemotherapy and radiotherapy at the Scheme's oncology DSP.
- Biological agents and specialised medication – Subject to pre-authorisation and Scheme protocols. Unlimited for PMBs.

Contact 0860 111 090 or email oncology@universal.co.za for pre-authorisation and any oncology related queries (not account related).

- **Wound care** in lieu of hospitalisation. Subject to pre-authorisation and Scheme protocols.
- **Oxygen home ventilation.** Subject to **PMSA**.
- **Home nursing visits** limited to 20 days PMF. Subject to savings.
- **Step-down nursing facilities, hospice, rehabilitation and home based care in lieu of hospitalisation.** Unlimited subject to pre-authorisation and clinical protocols.

Email alternativecare@universal.co.za for pre-authorisation.

***Scheme Protocols Apply**

5. Contributions

Effective from 1 January 2024

Monthly	Principal Member	Adult Dependant	Child Dependant*
Risk	R2 849	R2 379	R854
Savings (PMSA)	R 803	R671	R240
Total	R3 652	R3 050	R1 094
Annual Benefit Amounts for 2024			
Annual Savings	R9 636	R8 052	R2 880

*A **child dependant** is a dependant who is under the age of 21 years or a full time student up to the age of 27 years. An adult dependant is a dependant who is 21 years or older. These rates are only applicable to the main member and a maximum of three child dependants

Glossary

- A Adult Dependant
- AT Agreed Tariff
- ATB Above Threshold Benefit
- C Child Dependant
- CDL Chronic Disease List
- DSP Designated Service Provider
- MMAP Maximum Medical Aid Price
- OTC Over-the-Counter Medicine
- P Principal Member
- PB Per Beneficiary
- PMB Prescribed Minimum Benefits



Like what you see?



6. Contact Us

Everything you Need, at the Touch of a Button

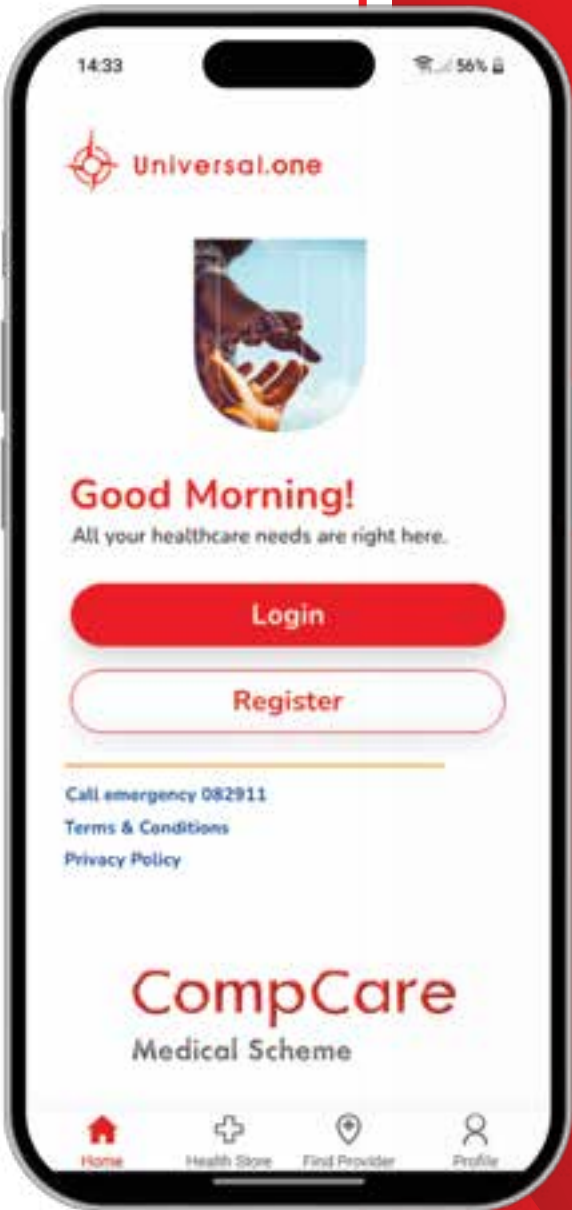
Our member App is your mobile gateway to information, allowing you to edit your personal details and view your option, benefits and claims anywhere, anytime. Check anything from claims to benefits and where your closest doctor is.

Simply download the Universal.one App from the Apple and Google Play Store and follow the prompts on your smart device to install, continue and register.



DOWNLOAD NOW

uConsult™ is a revolutionary online consultation platform that's accessible to any patient and healthcare provider with a smart device and internet connection. You can visit your healthcare provider on uConsult™ via the member app or by visiting u-consult.co.za.



Pre-authorisation

- Contact **0860 111 090**, email preauthorisation@universal.co.za or download the **Universal.one App for CompCare members** for pre-authorisation.
- For hospital account queries, email hospitalaccounts@universal.co.za
- For specialist pre-authorisation, email specauth@universal.co.za
- For general hospital pre-authorisation, email preauthorisation@universal.co.za

Emergency Medical Transport Services:
Netcare 911 - 082 911

Contact Details

CompCare Medical Scheme:

Universal Place, 15 Tambach Road,
Sunninghill Park, Sandton
PO Box 1411, Rivonia, 2128

Tel: 0861 222 777
Email: compcare@universal.co.za
Web: compcare.co.za

Complaints escalated to the Council for Medical Schemes:

Tel: 0861 123 267
Email: complaints@medicalschemes.com
Web: medicalschemes.com

The UniSave logo, featuring the word "UniSave" in white sans-serif font on an orange background with a wavy pattern.

Administered by  **Universal**TM

This brochure is a summary of the benefits of CompCare Medical Scheme. All information relating to the 2024 CompCare Medical Scheme benefits and contributions are subject to formal approval by the Council for Medical Schemes. On joining the Scheme, all members will receive a detailed member brochure, as approved. The final registered rules of the Scheme will apply.

All limits are pro-rated when a member or a beneficiary joins the Scheme during the year, calculated from the date of registration to the end of that financial year. If you leave the Scheme before the year is up and have used all the funds in your savings account, you will owe the Scheme the advanced portion of the Medical Savings Account you have used as it is a pro-rated benefit allocated in advance for the full benefit year. This summary is for information purposes only and does not supersede the rules of the Scheme. In the event of a discrepancy between the summary and the rules, the rules will prevail.

CompCare Medical Scheme is administered by Universal Healthcare Administrators (Pty) Ltd.